PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

1

CTRRENT CORRESPONDENCE ADDRESS (Nate: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
46296	7590 07/23	3/2009 /	1PF have	e its own certificate of	mailing or transmission.	ient of formal drawing, must	
	ANGE OF ADDRE	/(A I he	Certif	cate of Mailing or Tran	smission	
IBM Corpo	Stat	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
•	Property Law	(0	CT 2 2 2009 W addi	ressed to the Mail S	top ISSUE FEE address	s above, or being facsimile	
	31dg. 006-1			Sinked to the Obi 10	7(371) 273-2003, Oil tile		
3605 High	way 52 North	\# <u>\</u>				(Depositor's nune)	
Rochester,	Minnesota 55901-7	829	TRADEMMAS			. (Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	T _A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/516/576	10/616.676 07/10/2003		Daniel Charles Birkestrane	II		<u> </u>	
		DING METERED CA	PACITY OF TEMPORARY		ROC920030147US1 JRCES	2588	
•							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	NO	\$1510	\$300	10 23/200	9 SMOHAMM1 ^{\$} 60000017	7 090465 10/23/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:150			
ZARE, SCOTT A		3687	705-034000	02 FC:150	4 300.00 DA		
 Change of correspond CFR 1.363). 	ence address or indicatio	on of "Fee Address" (3"	, , , , , , , , , , , , , , , , , , , ,		Montin	9 Nagasiakas 11	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			e or agents OR, alternative	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			registered attorney or a 2 registered patent atto				
A ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED C	ON THE PATENT (print or type	oe)	\		
PLEASE NOTE: Uni	less an assionee is ident	tified below no accion	nee data will appear on the p.	otont If an andiana	is identified below, the	document has been filed for	
(A) NAME OF ASSI		product and form is	(B) RESIDENCE: (CITY		TNTD V\		
INTERNATION	AL BUSINESS M	ACHINES CORPO	ORATION, Armonk,		0504	•	
Please check the appropr	iate assignee category or	r categories (will not b	e printed on the patent):	Individual XX Corp	oration or other private gr	roup entity Government	
ta. The following fee(s)	are submitted:						
△ Issue Fee			A check is enclosed.	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit car	Payment by credit card. Form P10-2038 is attached			
Advance Order -	# of Copies		The Director is hereby overpayment, to Depo	authorized to charge	the required fec(s), any d	eficiency, or credit any on extra copy of this form).	
5. Change in Entity Sta	tus (from status indicated	d above)				an extra copy or this forth).	
	S SMALL ENTITY STATE		h. Applicant is no long	ger claiming SMALL	ENTITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Con an	d Publication Fee (if requeecords of the United Sta	uired) will not be acce ttes Patent and Tradem	oted from anyone other than the	ne applicant; a registe	red attorney or agent; or t	he assignee or other party in	
ulerest as shown by the							
Authorized Signature	James ;	Renal	Militarius substitution physical session.	Date Sept	ember 28, 2009)	

T submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.